ellis pediatric physical therapy

Julie Ellis, PT
310 Happ Road Suite #207
Northfield, IL, 60093
(847)-770-5574
Julie@ellispediatricphysicaltherapy.com
www.ellispediatricphysicaltherapy.com

PATIENT INFORMATION

Patient's name:
Date of birth:
Home Address:
City: State: Zip:
Home#
Cell#
E-Mail address:

Mother's name:
Home Address (if different from above):
City: State: Zip:
Home#:
Cell#
Work#
E-Mail address:

Father's Name:
Home Address (if different from above):
City: State: Zip:
Home#
Cell#
Work#
E-Mail address:

EMERGENCY INFORMATION

If parents are unavailable, authority is given to contact the following person in case of an emergency:

Name: Relationship:

Home# Cell#

INSURANCE INFORMATION

If you have provided us with a copy of your insurance card, you can skip to step 2.

1.

Insurance Company:

Group #

Identification#

Insurance Company Address:

City: State: Zip:

2.

Name of primary insured:

Relationship to patient:

Birth Date of primary insured:

RELEASE OF MEDICAL INFORMATION:

I authorize the release of any information concerning my child's healthcare, advice and treatment provided for the purpose of evaluation and administering claims for insurance benefits. In lieu of payment which would otherwise be payable to me, I herby authorize payment directly to the physical therapist.

Signature: Date:

Thank you for selecting my office for your child's care. Please be assured that all of your information will remain confidential.

Julie Ellis, PT